

**NCADD-MD - 2023 SB 108 FAV - BH Wellness Visit - S**

Uploaded by: Ann Ciekot

Position: FAV



**Senate Finance Committee  
January 31, 2023**

**Senate Bill 108  
Health Insurance – Annual Behavioral Health Wellness Visits –  
Coverage and Reimbursement  
Support**

NCADD-Maryland supports Senate Bill 108 which will require commercial insurance carriers to reimburse for a “Behavioral Health Wellness Visit.” The requirement will create greater equity between somatic care and behavioral health care, for just as we are afforded an annual physical, we should, if we choose, to also have a behavioral health assessment.

These comprehensive assessments are used by trained clinicians authorized by Maryland law to determine if we have a diagnosable mental health or substance use disorder. But unlike a physical when we’re lucky enough to not have any health problem identified, if the clinician does not find a diagnosable behavioral health disorder, they do not get reimbursed by insurance.

What does this do? It deters people from asking for help at the early stages of a problem. Just like with a physical, if a problem is detected early, interventions can take place. We know this benefits health outcomes, and saves money in the health care system. If a problem is not detected, we can learn strategies on how to avoid them down the road.

There unfortunately is great stigma around mental health and substance use disorders. It is one of the many barriers to care. If people have a choice to get a behavioral health wellness visit, problems may be detected earlier and hopefully treatment can start sooner. The fiscal note on the bill lists all the mandated screenings that are covered under the Affordable Care Act. A screening is not the same thing as a comprehensive assessment. We’ve all had those screenings – where our primary care provider asks use how much alcohol we drink, do we feel depressed, if we use drugs. Those are important tools for identifying the next step in the process – a full assessment. It is only at that level that a diagnosis can be made.

We ask you to remember that not everyone will choose to engage in a behavioral health wellness visit. We also ask you to realize that for those who do, there will be a percentage of people who truly need help who might actually get it a little sooner and have better outcomes.

We urge a favorable report on Senate Bill 108.

# **SB108\_AnnualBHVisit\_KennedyKrieger\_Support.pdf**

Uploaded by: Emily Arneson

Position: FAV



Kennedy Krieger Institute

**DATE:** February 1, 2023      **COMMITTEE:** Finance  
**BILL NO:** Senate Bill 108  
**BILL TITLE:** Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement  
**POSITION:** Support

**Kennedy Krieger Institute supports Senate Bill 108 - Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**

**Bill Summary:**

SB108 would require certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and certain reimbursement for annual behavioral health wellness visits.

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

**Rationale:**

Following the COVID-19 pandemic, there is an ongoing behavioral health crisis in children. The U.S. Surgeon General’s recent advisory, “Protecting Youth Mental Health,” noted that “Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth.”<sup>1</sup> It is estimated that 1 out of 5 children has a mental, emotional, or behavioral disorder<sup>2</sup>, though only about 20 percent of these children receive the mental health services they need.<sup>3</sup> In particular, children of color, children with disabilities, LGBTQ+ and children living in households with incomes at the poverty level bear an undue burden of poor mental health outcomes due to scarcity of trained culturally responsive and trauma-informed mental health providers, socioeconomic disadvantage, racism, or immigration status amongst other factors.<sup>4</sup> After nearly 3 years, the negative effects of the pandemic including loss and grief, isolation, and academic challenges have resulted in long-lasting and increasing rates of depression, suicidal ideation, and anxiety amongst youth.<sup>5</sup> This is concerning because psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.<sup>6</sup>

Even prior to the pandemic, many barriers such as stigma existed for children accessing behavioral health services. Unfortunately, there continues to be a nationwide shortage of behavioral health professionals to meet this need<sup>7</sup>, which means that children and youth are suffering from that lack of identification and treatment of their mental health needs. Family physicians and pediatric care providers currently try to meet this mental health service gap in the United States. They are well positioned to continue to lead in providing behavioral health services to improve access, quality, and outcomes for their patients.<sup>8</sup> According to the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), the National Academies of Sciences, Engineering, and Medicine Board on Children, Youth and Families, and the Surgeon General’s Advisory, integrated behavioral health services in pediatric primary care has the potential to

reduce health disparities and improve service utilization.<sup>1,9</sup> The Surgeon General states that, “Employers can play an outsized role in supporting the mental health of children and young people, [by providing] access to comprehensive, affordable, and age-appropriate mental health care for all employees and their families, including dependent children.”<sup>1</sup> As such, requiring reimbursement for annual behavioral health wellness visits is a critical step to ensuring that children in Maryland are properly identified when in need of behavioral health services and would send a clear message to Marylanders that mental health and well-being are priorities equal in importance to physical health and well-being.

### **Kennedy Krieger Institute requests a favorable report on Senate Bill 108.**

#### **References**

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# **SB0108 Route Testimony.pdf**

Uploaded by: Jocelyn Route

Position: FAV

My name is Council Member Jocelyn Route and I reside in the 4200 Block of 55<sup>th</sup> Ave in Bladensburg, MD which is in District 47. I am writing to you today to let you know that I am in full support of SB0108 which is a very important piece of legislation for all Marylanders

I wear multiple hats. I am an individual with lived experience in the behavioral health system of care, I also serve as a mental health advocate promoting wellness and recovery as a social worker. I graduated with my Master of Social Work from Howard University in the Spring of 2009. I have worked in the field of behavioral health for over 15 years. I now serve as a Public Health Advisor for the US Department of Health and Human Services, Substance Abuse and Mental Health Administration where my role is to oversee the Mental Health Awareness training grant portfolio as a Government Project Officer for the Center for Mental Health Services. I also come to you with a parent lens. I am a mother of 5 children, two of the children I serve as their treatment foster care parent as they are children in need of assistance in the Maryland Child Welfare system and 3 of my 5 children have mental health diagnosis and are in active treatment. Why does all of this background matter you may ask.

Well, my experience as a mental health professional, advocate, and a person with lived experience is presented to you today strongly requesting that each of you be a champion for this bill because individuals like me and my children need access wellness opportunities in the recovery continuum. Actually, all insured Marylanders experiences some sort of mental health issue or concern in our life but because of recovery oriented wellness activities, treatment and sometimes medication, recovery is possible. Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of Recovery. SAMHSA has a definition of Recovery that I would like to share with you.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Often times people need wellness activities to boost their ability to continue on the many different tools that are used to assist individuals live full lives. Recovery pathways are highly personalized and often time wellness activities can benefit the individual needs and goals of an individual who may be enrolled in professional clinical treatment but given the high demands of the behavioral health workforce and staffing shortages a session in a yoga studio to promote deep breathing and meditation may be the exact thing that saves someone's life.

You see wellness activities should be included in health insurance plans because often times wellness activities are very expensive and for those individuals who can not afford wellness opportunities unfortunately they are left behind and often times suffer in silence until they can access treatment.

Wellness activities should be covered by insurance plans because it just makes sense. Wellness activities in conjunction with the use of medications; support from professionals such as therapist and families peer support can improve the recovery continuum for so many Marylanders. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families through accessible wellness activities that are readily available to people like me and my children who may need an array of treatment options to assist our mental health diagnosis.

We wouldn't tell a heart patient that their insurance will only cover medication and a visit to their cardiologist to treat their heart condition. Insurance companies often provide other means of treating a

physical health symptom. I hope my testimony today will solidify your support and you will help SB0108 get passed quickly.

Best,

Jocelyn Route

**SB0108.pdf**

Uploaded by: Jonathan Dayton

Position: FAV



## **Statement of Maryland Rural Health Association (MRHA)**

To the Senate Finance Committee

Chair: Senator Melony Ghee Griffith

January 29, 2023

### ***Senate Bill 108: Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement***

#### **POSITION: SUPPORT**

*Chair Griffith, Vice Chair Klausmeier and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 108, Health Insurance - Annual Behavioral Health Wellness Visits –Coverage and Reimbursement.*

*It is an honor to submit a testimony supporting SB 108, which will make coverage for annual behavioral wellness visits covered by public and private insurers. Behavioral health deals with how the mind and your habits affect physical and mental health. According to National Alliance on Mental Illness (NAIM), 781,000 adults in Maryland have mental health conditions. 252,000 adults do not receive the mental health care they need, and 33.7% is because of the inflated cost of care in Maryland. Marylanders are ten times more likely to be forced out of-network for mental health care than primary health care (NAIM, 2021).*

*The COVID pandemic intensified negative behavioral health impacts by increasing anxiety, depression, and substance use disorder in Marylanders. The hardship that emerges from the pandemic has made it difficult for Marylanders to afford behavioral healthcare. For a state which ranks 6th in drug overdose death rate, according to the Centers for Disease Control and Prevention (CDC) statistics report 2020, behavioral health wellness visits should be made a top priority in the health care system in Maryland, especially for rural areas dwellers.*

*Lower in-network reimbursement rates can be a barrier to providers joining the network. According to Milliman Research Report BY Melek et al., Over five years, the disparity in out-of-network use for behavioral health care compared to medical /surgery care has increased tremendously. Medical/surgery providers received higher reimbursement rates than behavioral health providers; in 2015, Primary care providers received 21% more reimbursement than behavioral health providers. The out-of-network utilization rate for SUD office visits was nine times that of primary /surgery care visits.*

*Behavioral health care coverage and reimbursement will be central to improving care for the people. SB 108 will enact a standard to decrease the disparity in the reimbursement rate for*

*behavioral health care by requiring reimbursement at the same rate as an annual well visit for somatic health. The coverage of annual behavioral wellness visits by Medicaid and private insurers will help to improve the spiraled behavioral healthcare crisis resulting from the COVID-19 pandemic. The care given to the individual will help them to develop a healthier coping mechanism. Improving access and the quality of services in behavioral health care could also help reduce somatic health care spending; we can all agree that the mind is central to how the body works.*

*Sincerely,*

*Jonathan Dayton, MS, NREMT, CNE, Executive Director*

[jdayton@mdruralhealth.org](mailto:jdayton@mdruralhealth.org)

# **NASW Maryland - 2023 SB 108 FAV - BH Wellness Visi**

Uploaded by: Mary Beth DeMartino

Position: FAV

**Senate Finance Committee  
February 1, 2023**

**Senate Bill 108: Health Insurance – Annual Behavioral Health Wellness Visits –  
Coverage and Reimbursement**

**\*\*\*SUPPORT\*\*\***

The National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, is asking for your support for Senate Bill 108 - Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement. We also support the sponsor's amendment to further define the assessment and the professionals who can conduct them.

Through academic research, media coverage, and society-wide personal experiences, Maryland citizens are fully aware of the mental health crisis looming in our state. To mitigate, this crisis requires multifaceted habilitative and rehabilitative approaches. This bill begins the conversation on properly supporting mental health by identifying mental health needs earlier; thereby, possibly circumventing or reducing psychosocial consequences brought on by unrecognized mental health problems.

To promote a seamless habilitation clinical encounter for patients, we support amendments to define what a wellness assessment is, as we recognize there are many screening tools available. These screening tools are important, but no the same as an assessment where a clinician can determine whether or not there is a diagnosable disorder that would require treatment. For those without a diagnosable disorder, the provider and their patient can create a prevention plan.

We urge a favorable report with the sponsor's amendments.

Dionne Brown-Bushrod LCSW-C  
Shonda Conyers, LCSW-C  
Patricia Roberts -Rose, LCSW-C

**MD Catholic Conference\_FAV\_SB0108.pdf**

Uploaded by: MJ Kraska

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

February 01, 2023

**SB 108**  
**Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**

**Senate Finance Committee**

**Position: Support**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

Senate Bill 108 requires certain health insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for an annual “behavioral health wellness visit.” Reimbursement for the visit must be provided on the same basis and at the same rate as an annual wellness visit for somatic health.

Catholic health care has always maintained a priority of reaching out to the poor and most vulnerable, many of whom are in desperate need of readily accessible and high-quality mental and behavioral health services. Senate Bill 108 seeks to identify strategies to meet these challenges through innovation and action to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment. As noted by Pope St. John Paul II *"Whoever suffers from mental illness always bears God's image and likeness in themselves, as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such."*

The Conference appreciates your consideration and, for these reasons, respectfully requests a **favorable** report on Senate Bill 108.

**SB108 FAV final.pdf**

Uploaded by: Morgan Mills

Position: FAV

February 1, 2023

Chairwoman Griffith, Vicechair Klausmeier and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB108 aims to require health insurers, non-profit health services plans, and health maintenance organizations to provide coverage for annual behavioral health wellness visits. Many health insurance plans cover annual health check-ups once a year. This is a common example of preventative care. However, many of these plans do not cover annual mental and behavioral health wellness visits.

The Mental Health Parity and Addiction Equity Act of 2008 prohibits discriminatory insurance coverage for those with mental health or substance abuse disorders. Though this Federal legislation is over a decade old, insurance companies are unwilling to comply with this law and enforcement from governmental bodies has been inadequate. NAMI MD supports mandatory coverage and full parity for mental health that is equal in scope to physical health coverage. Insurance plans must cover mental illnesses at parity with all other medical disorders. Consumers should be empowered to achieve wellness through behavioral health screenings as people with serious mental health illnesses have the same rights and expectations as anyone else to live healthy and fulfilling lives.

Screening for the health and wellbeing of a person is already a well-established practice. We screen for vision, hearing, overall physical health, and wellbeing, so as a state, we should be taking steps to implement mental health screenings as well. Research shows that early identification and intervention leads to better outcomes. According to the National Institute of Mental Health, nearly 1 in 5 adults live with a mental illness. Almost 50% of adolescents have a mental disorder. <sup>1</sup> For Marylanders to seek treatment for mental illness, they first must be made aware of its existence. Requiring insurance plans to cover an annual mental health screening not only forces them to comply with parity law, it also alleviates the stigma surrounding mental health conditions.

For these reasons, NAMI MD urges a favorable report.

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<sup>1</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness>

# **MPA Testimony 2023 - Support - Senate Bill 108 - H**

Uploaded by: Pat Savage

Position: FAV



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January 30, 2023

Senator Melony G. Griffith, Chair  
Katherine A. Klausmeier, Vice-Chair  
Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**RE: SB 108 Annual Behavioral Health Wellness Visits**

**Position: SUPPORT**

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **FAVORABLY report on SB 108**.

Recent research from the Johns Hopkins Bloomberg School of Public Health found that 1 in 5 Marylanders live in an area with a severe shortage of mental health providers. Their research also found that of those who experience mental illness in Maryland, 1 in 4 individuals report unmet treatment needs.

Research by the Substance Abuse and Mental Health Services Administration in 2021 found that 39.1% of adults in Maryland reported symptoms of anxiety or depression, and 31.3% were unable to obtain needed counseling or therapy. In addition, their research found that more than 16% of youth in the US between 6 and 17 had a mental health disorder, including more than 57,000 Maryland youth between 12 and 17 who were found to have depression.

Maryland's citizens, its communities, and employers will all benefit when every Marylander is able to have an annual Behavioral Health Wellness Visit to assess their mental health and refer to treatment, if appropriate. A significant first step would be requiring that health insurers include an annual Behavioral Health Wellness Visit in every health care policy.

Early intervention through an annual Behavioral Wellness Visit significantly reduces the likelihood of problems with work, family, school, and the onset of more significant mental health and substance use problems. Early intervention also reduces overall medical care costs.

**The Maryland Psychological Association strongly supports SB 108 and asks that you report FAVORABLY on this bill.**

Thank you for considering our comments. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Rebecca Resnik, Psy.D.*

Rebecca Resnick, Psy.D.  
President

*R. Patrick Savage, Jr., Ph.D.*

R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

**2023 LCPCM SB 108 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 108

**Title:** Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

**Hearing Date:** February 1, 2023

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 108 – Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*. This bill requires coverage and reimbursement for annual behavioral health wellness visits in state-regulated private insurance plans.

. Under the Affordable Care Act, private insurance plans are required to cover annual wellness visits with a primary care provider. States such as Massachusetts<sup>i</sup> and Colorado<sup>ii</sup> have recognized the value of similar coverage for behavioral health wellness visits, a providers can identify behavioral health issues and provide treatment earlier.

We appreciate that this bill embodies a new coverage proposal, and there will be implementation discussion, particularly on how behavioral health and primary care providers coordinate care. We are committed to contributing to this discussion, as we consider how to improve access to care for our patients.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.mass.gov/info-details/mass-general-laws-c175-ss-47t>

<sup>ii</sup> <https://leg.colorado.gov/bills/hb21-1068>

**2023 MOTA SB 108 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401, Towson, Maryland 21286 ♦ [www.mota-members.com](http://www.mota-members.com)

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 108 - Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

**Date:** February 1, 2023

**Position:** Support

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 108 – Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*. This bill requires coverage and reimbursement for annual behavioral health wellness visits in state-regulated private insurance plans.

Occupational therapists address barriers that individuals with mental health conditions experience in the community by providing interventions that focus on enhancing existing skills; remediating or restoring skills; modifying or adapting the environment or activity; and preventing relapse. As such, both the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA) include mental health services within the scope of practice for occupational therapists.<sup>1</sup>

Many Marylanders do not have access to necessary care due to gaps in our system. This bill will help close these gaps by investing in prevention and early intervention for serious behavioral health conditions. Thank you for your consideration of our testimony, and we urge a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>1</sup> National Board for Certification in Occupational Therapy – Certificate Renewal.  
<https://www.nbcot.org/Certificants/Certification>

American Occupational Therapy Association – Occupational Therapy’s Role in Community Mental Health.  
<https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mental-health.pdf>

**SB Testimony Senate Bill 108 .docx-3 2.pdf**

Uploaded by: Shatiea Blount

Position: FAV



Senate Finance Committee  
Testimony in Support of Senate Bill 108

Wednesday, February 1, 2023

Mental illness and substance use disorders can be prevented at all three levels of prevention. At the primary level, we can prevent mental illness and substance use from ever happening. At the secondary level, we can assess risk factors leading to mental illness and substance use disorders and create prevention plans to mitigate risk, and at the tertiary level, we can prevent the frequency, level, and intensity of active mental illness and substance use disorder symptoms.

My name is Shatiea Blount and I am a licensed certified clinical social worker, mental illness prevention professional, and a practicing psychotherapist in Maryland. I also own and operate a group psychotherapy practice, Eye In Me, LLC, located in Prince George's County. Within my various roles, I have been committed to providing culturally relevant and social justice informed psychotherapy and coaching services to Black people across the Diaspora while also advocating for the use of psychotherapy for mental illness prevention. Because Maryland Senate Bill 0108 would create a healthcare infrastructure that supports mental illness and substance use prevention at all levels, strengthen health parity laws, and promote health equity, Eye In Me, LLC is happy to support Senate Bill 108 with any amendments made by the sponsor..

This policy would allow mental and behavioral healthcare practitioners to realize a major part of our career that drove us to do this work– to **prevent** psychological and emotional suffering associated with psychological distress, mental illness, and substance use disorders. Currently our mental health infrastructure emphasizes screening for common mental health disorders in collaborative care models, treatment of an established diagnosis through behavioral and mental health care, and acute crisis intervention for new and established diagnosis in emergency situations. But, did you know that there are nearly 300 behavioral health diagnoses and many of them can only be assessed by completing a comprehensive psychological assessment as opposed

# EYE IN ME

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to a short screening during a primary care visit? Also, did you know that in order for a practitioner to provide a comprehensive mental health assessment and be paid by insurance companies, the provider must diagnose the client (this includes children) with a mental or behavioral health disorder?

Due to existing behavioral healthcare policy, many practitioners who focus on prevention and work from a health equity and parity lens have elected not to accept insurance in order to maintain their integrity and avoid ethical (and possibly legal) conflicts inherent in insurance diagnostic mandates. Can you imagine how a practitioner may feel when diagnosing a child with a disorder when the practitioner knows the child's behavior is actually an adaptive and healthy response to their environment? While the previous statement, speaks to a much larger issue in how we conceptualize mental health, this testimony seeks to connect how diagnostic mandates cause some practitioners to make a value-based decision that contributes to the dearth of available and affordable practitioners paneled to accept public and private insurance. For practitioners who choose to work within the established infrastructure, they may elect to apply the least stigmatizing diagnosis (i.e., F43.20 Adjustment Disorder, unspecified), when the person may be having a very normal psychological response to a real stressor and could benefit from some behavior recommendations to prevent their psychological response from advancing to a mental illness.

Similar to the healthcare infrastructure offered to somatic health practitioners who are able establish trust and familiarity with their patients by offering annual wellness visits without the requirement to find and treat an illness, mental and behavioral healthcare practitioners need the same healthcare system to allow us to offer an annual comprehensive assessment and suggest prevention interventions that do not force us to make a diagnosis even when issues may be subclinical so we may be paid. Applying less stigmatizing and less severe diagnosis in cases where there may not be a diagnosis is a work-around that can place practitioners in an ethical dilemma (i.e., offer a diagnosis and get paid for the work completed or forgo the diagnosis and forgo payment) while also establishing a history of mental illness for the consumer that can impact their ability to secure a security clearance for a job or impact access to affordable life insurance policies.

# EYE IN ME

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We should not have to pathologize normal responses because it promotes and upholds a culture of labeling and stigma that makes preventative mental healthcare inaccessible especially for communities that are sensitive to stigma and have been historically harmed by unequal treatment by healthcare systems.

Maryland Bill 108 is a promising policy that strongly pushes the healthcare parity and equity agenda while simultaneously creating a supportive infrastructure toward true mental illness prevention in Maryland. I am a strong proponent of this legislation and hope to see Maryland make this important shift toward mental illness and substance use prevention.

Respectfully,



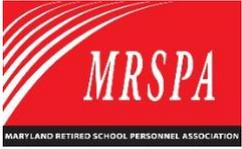
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# **SB108.MentalHealth.23.pdf**

Uploaded by: Virginia Crespo

Position: FAV



# Maryland Retired School Personnel Association

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**Senate Bill SB 108**  
**In Support Of**  
**Health Insurance – Annual Behavioral Health Wellness Visits**  
**– Coverage and Reimbursement**  
**Finance Committee**  
**Hearing: February 1, 2023 – 1:00 p.m.**

Dear Honorable Senator Melony G. Griffith, Chair, and Honorable Senator Katherine A. Klausmeier, Vice Chair, and other distinguished Finance Committee members,

**The Maryland Retired School Personnel Association (MRSPA) supports SB 108 Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement and requests a favorable report from your committee.**

We strongly support this legislation because we believe it will be of great benefit to all. Requiring health insurers, nonprofit health service plans, and health maintenance organizations to provide annual coverage and reimbursement for comprehensive behavioral health wellness visits is a step in the right direction. There is much in the press today about the need for help for those who have mental and emotional issues. Some time ago, institutions that provided support for that population closed without an alternative available to those who needed that kind of help. Some support is available to those who are fortunate enough to have Medicare with the annual medical visit provided, however, all are not Medicare eligible. Perhaps this provision will go a long way to allow for interventions and curb some of the disturbances and crimes we read and hear about in the daily news.

On behalf of the more than 12,000 members of the Maryland Retired School Personnel Association, we respectfully request a favorable report on SB 108.

Sincerely,

Carla J. Duls  
President

Virginia G. Crespo  
Legislative Aide

# **SB 108\_Maryland Coalition of Families\_Fav with Ame**

Uploaded by: Ann Geddes

Position: FWA



## **SB 108 – Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement**

**Committee: Finance**

**Date: February 1, 2023**

**POSITION: Support with Amendment**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

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MCF strongly supports SB 108 as amended.

SB 108 addresses a basic parity issue – health insurers should provide for behavioral health coverage on par with what they provide for somatic health coverage. Currently, a great inequity exists. Like somatic health wellness checks, behavioral health wellness visits can improve outcomes and save later costs by identifying symptoms early and intervening, without already needing to have a psychiatric diagnosis.

The need for behavioral health wellness visits is greater than ever. The mental health of people has dramatically worsened in the wake of the COVID pandemic.

- Adults saw an increase in rates of anxiety from 8% to 33% from 2019 to 2021
- Adults saw an increase in rates of depression from 6% to 25% from 2019 to 2021<sup>1</sup>
- Emergency Department visits for potential suicidality for youth aged 12-17 increased 39% from 2019 to 2021<sup>2</sup>

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics (November 2022). Anxiety and Depression.

<sup>2</sup> Centers for Disease Control and Prevention (June 2021). Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021.

While there may be some decline in rates over the period 2021 – 2022 (the data isn't in yet), there is every reason to believe that there has been a general worsening of behavioral health over the last three years.

To alleviate suffering and to divert individuals from higher levels of care, regular wellness visits are the solution. Insurers must reimburse for such visits at the same rates that they reimburse for somatic wellness visits – it's a parity issue.

We support the amendment that clarifies what type of assessments are to be done and by whom.

For these reasons we urge a favorable report on SB 108 as amended.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**8950 State Route 108, Suite 223**  
**Columbia, Maryland 21045**  
**Phone: 443-926-3396**  
[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)

# **SB108 Annual Behavioral Health Wellness Visits.pdf**

Uploaded by: Tammy Bresnahan

Position: FWA



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**SB108 Health Insurance – Annual Behavioral Health Wellness Visits –  
Coverage and Reimbursement  
FAVORABLE  
Senate Finance Committee  
February 1, 2023**

Good afternoon, Chair Griffith and members of the Senate Finance Committee. I am Michael Friedman, an AARP Maryland lead advocate, Adjunct Associate Professor Columbia University School of Social Work and Lecturer Georgetown University Graduate School of Arts and Sciences, and former Director of The Center for Policy, Advocacy, and Education of The Mental Health Association of New York City and Regional Director (Deputy Commissioner) of the New York State Office of Mental Health.

AARP MD and its almost 870,000 members support SB 108 Health Insurance – Annual Behavioral Wellness Visits – Coverage and Reimbursement. We thank you Senator Augustine for sponsoring this critical piece of legislation.

SB108 requires insurance payment for annual wellness visits for behavioral health. We urge you to support this and to add coverage for cognitive health as well.

Given the prevalence of cognitive and behavioral health conditions among older adults and the co-occurrence of these conditions, annual screening for both cognitive and behavioral health conditions make sense.

- About 1 in 10 people 65 and older have some form of dementia, most likely Alzheimer's disease. At 85 and over, it's approaching 4 in 10.<sup>i</sup>
- About 1 in 7 <sup>ii</sup> (the NIMH estimate) or perhaps 1 in 5 <sup>iii</sup> (the CDC estimate) of older adults have mental illnesses such as anxiety disorders, mood disorders, or psychosis.
- About 1 in 25 suffer from addiction,<sup>iv</sup> and as many as 1 in 5 dangerously misuse alcohol and medications.<sup>v</sup>
- Many older adults experience emotional distress in response to challenging life circumstances such as the pandemic, social isolation, economic instability, racism, poor health, and the need to adapt to common changes in old age.
- Mental distress unquestionably increased during the pandemic for older as well as younger people. This includes grief, loneliness, hopelessness and more.

- All of this contributes to a host of problems, including personal and familial dysfunction, premature disability and death, as well as avoidable institutionalization, high rates of suicide, and very high costs of care.

The consequences of poor mental health among older adults are significant.

- Dementia was the 7<sup>th</sup> leading cause of death in the United States in 2020<sup>vi</sup>. Prior to the pandemic it was 5<sup>th</sup>.
- Behavioral health conditions, i.e., mental and substance use disorders contribute to premature death. For example, people with serious mental illness die 10-25 years younger than the general population.<sup>vii</sup>
- Depression contributes to high suicide rates among older adults, and suicide is now the 12<sup>th</sup> leading cause of death in the United States.<sup>viii</sup> It was 10<sup>th</sup> prior to the pandemic.
- Anxiety disorders contribute to social isolation and rejection of help.
- “Neuropsychiatric” disorders are the leading cause of disability in the United States, accounting for nearly 20% of all years of life lost to disability and premature mortality.<sup>ix</sup>
- Misuse of alcohol often leads to illnesses and accidental injuries, especially falls and automobile accidents, which can result in premature disability or death. Between 2015 and 2019, there were about 140,000 alcohol-related deaths per year in the United States.<sup>x</sup>
- Misuse of illegal substances contributes to overdose deaths (over 100,000 in the US in the last year), to homelessness, to the over-population of prisons, to the spread of contagious diseases, to disruption of work and family life, to violence in the home and in the community—especially in poor communities of color—and more.
- In addition, cognitive and behavioral health conditions, because they can be disabling and often co-occur with significant physical illnesses, are **major drivers of the very high health care costs in America**. This includes the costs of long hospital stays due to medical complexities, the high use of emergency rooms, and the costs of long-term residential care. Investing in improving older adults' cognitive and behavioral health can improve health outcomes and help to contain healthcare costs at the local, state, and national levels.

As noted earlier, the co-occurrence of cognitive and behavioral disorders is commonplace. For example, **virtually all people with dementia develop behavioral health conditions** (aka “neuro-psychiatric symptoms”) such as depression, anxiety, psychosis, etc. at some point while living with dementia.<sup>xi</sup>

For all these reasons, AARP requests a favorable report for SB108 and the addition of cognitive health. For questions or additional information, please contact Tammy Bresnahan, AARP Maryland State Director of Advocacy at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.

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- <sup>i</sup> Alzheimer's Association. (2021). [2021 ALZHEIMER'S DISEASE FACTS AND FIGURES](#).
- <sup>ii</sup> National Institute of Mental Health (2019) [Mental Health Information, Prevalence of Any Mental Illness](#). (2019).
- <sup>iii</sup> CDC
- <sup>iv</sup> Reynolds, K., et al (2015). [Prevalence of psychiatric disorders in U.S. older adults: findings from a nationally representative survey](#). National Center for Biotechnology Information
- <sup>v</sup> Lehmann S. and Fingerhood M. (2018). [Substance-Use Disorders in Later Life | NEJM](#)
- <sup>vi</sup> Murphy SL, et al. (2021) [Mortality in the United States, 2020](#). NCHS Data Brief, no 427. National Center for Health Statistics.
- <sup>vii</sup> [Mortality Associated With Mental Disorders and Comorbid General Medical Conditions | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)
- <sup>viii</sup> [The Leading Causes of Death in the US for 2020 | Cardiology | JAMA | JAMA Network](#)
- <sup>ix</sup> US Burden of Disease Collaborators (2013). [The state of US health, 1990-2010: burden of diseases, injuries, and risk factors](#). JAMA.
- <sup>x</sup> [Deaths from Excessive Alcohol Use in the United States | CDC](#)
- <sup>xi</sup> 98% neuropsychiatric

# **SB108 Annual Behavioral Health Wellness Visits.pdf**

Uploaded by: Tammy Bresnahan

Position: FWA



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**SB108 Health Insurance – Annual Behavioral Health Wellness Visits –  
Coverage and Reimbursement  
Favorable with Amendments  
Senate Finance Committee  
February 1, 2023**

Good afternoon, Chair Griffith and members of the Senate Finance Committee. I am Michael Friedman, an AARP Maryland lead advocate, Adjunct Associate Professor Columbia University School of Social Work and Lecturer Georgetown University Graduate School of Arts and Sciences, and former Director of The Center for Policy, Advocacy, and Education of The Mental Health Association of New York City and Regional Director (Deputy Commissioner) of the New York State Office of Mental Health.

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Given the prevalence of cognitive and behavioral health conditions among older adults and the co-occurrence of these conditions, annual screening for both cognitive and behavioral health conditions make sense.

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- About 1 in 25 suffer from addiction,<sup>iv</sup> and as many as 1 in 5 dangerously misuse alcohol and medications.<sup>v</sup>
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- Mental distress unquestionably increased during the pandemic for older as well as younger people. This includes grief, loneliness, hopelessness and more.

- All of this contributes to a host of problems, including personal and familial dysfunction, premature disability and death, as well as avoidable institutionalization, high rates of suicide, and very high costs of care.

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- Depression contributes to high suicide rates among older adults, and suicide is now the 12<sup>th</sup> leading cause of death in the United States.<sup>viii</sup> It was 10<sup>th</sup> prior to the pandemic.
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- In addition, cognitive and behavioral health conditions, because they can be disabling and often co-occur with significant physical illnesses, are **major drivers of the very high health care costs in America**. This includes the costs of long hospital stays due to medical complexities, the high use of emergency rooms, and the costs of long-term residential care. Investing in improving older adults' cognitive and behavioral health can improve health outcomes and help to contain healthcare costs at the local, state, and national levels.

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For all these reasons, AARP requests a favorable report for SB108 and the addition of cognitive health. For questions or additional information, please contact Tammy Bresnahan, AARP Maryland State Director of Advocacy at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.

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- <sup>ii</sup> National Institute of Mental Health (2019) [Mental Health Information, Prevalence of Any Mental Illness](#). (2019).
- <sup>iii</sup> CDC
- <sup>iv</sup> Reynolds, K., et al (2015). [Prevalence of psychiatric disorders in U.S. older adults: findings from a nationally representative survey](#). National Center for Biotechnology Information
- <sup>v</sup> Lehmann S. and Fingerhood M. (2018). [Substance-Use Disorders in Later Life | NEJM](#)
- <sup>vi</sup> Murphy SL, et al. (2021) [Mortality in the United States, 2020](#). NCHS Data Brief, no 427. National Center for Health Statistics.
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- <sup>viii</sup> [The Leading Causes of Death in the US for 2020 | Cardiology | JAMA | JAMA Network](#)
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- <sup>x</sup> [Deaths from Excessive Alcohol Use in the United States | CDC](#)
- <sup>xi</sup> 98% neuropsychiatric

**SB 108 - SWA - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: FWA



January 31, 2023

The Honorable Melony Griffith  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Support with Amendment – SB 108: Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports Senate Bill 108: Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement, but as discussed below, we will seek a clarifying amendment to the bill.

An annual behavioral health wellness visit (ABHWV) is an appointment with a mental health professional to assess and promote overall well-being. The visit may include a discussion of symptoms, stressors, mood, sleep patterns, substance use, and current life circumstances. The mental health professional may also provide education, coping strategies, and resources to improve mental health and prevent future issues.

An ABHWV aims to check in on a person's mental health and provide support and resources to help maintain or improve their well-being. During the visit, the mental health professional will likely ask questions about the person's current emotional state, stress levels, and behavior patterns. They may also provide recommendations and interventions to manage stress and anxiety, improve sleep, and promote healthy habits. This visit can help individuals identify potential mental health issues early on, allowing for prompt treatment and recovery.



MPS/WPS believes ABHWVs should be performed by a psychiatrist or collaborative care<sup>1</sup>. Therefore MPS/WPS asks the committee to consider the following amendment:

***On page 1, in line 3 after “VISIT” insert, “PERFORMED BY A PSYCHIATRIST OR VIA THE COLLABORATIVE CARE MODEL,”.***

With the adoption of the amendment above, MPS/WPS ask this committee for a favorable report on HB 162. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

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<sup>1</sup> Collaborative care is a patient-centered model of care that aims to improve the coordination of care across multiple providers and settings. This can include primary care physicians, mental health specialists, case managers, and other healthcare professionals. The goal is to provide comprehensive, coordinated care that addresses the physical, psychological, and social needs of patients with mental health conditions.

**SB0108\_LOI\_MdCSWC\_HI - Annual BH Wellness Visits -**

Uploaded by: Christine Krone

Position: INFO



## The Maryland Clinical Social Work Coalition

The MDCSWC, sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,300 licensed clinical social workers in Maryland.

TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Malcolm Augustine

FROM: Judith Gallant, LCSW-C, Chair, Maryland Clinical Social Work Coalition

DATE: February 1, 2023

RE: **LETTER OF INFORMATION** – Senate Bill 108 – *Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*

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The Maryland Clinical Social Work Coalition (MDCSWC), sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,300 licensed clinical social workers in Maryland. On behalf of MDCSWC, we submit this **letter of information** for Senate Bill 108.

Senate Bill 108 requires commercial insurers and HMOs to provide coverage for annual behavioral health wellness visits analogous to annual somatic wellness exams. While MDCSWC is supportive of the intent of the bill, we have concerns that the language is too vague and may have unintended consequences. Annual screenings for behavioral health wellness visits are notable, however the bill language describes “... and as appropriate, brief intervention and recommendations for additional behavioral health care services.” The bill fails to specify if additional behavioral health care services would be covered by insurers.

Additionally, the ongoing healthcare workforce shortage in Maryland, exacerbated by the pandemic, already lacks the capacity to handle current care needs. Maryland must focus on initiatives to increase the behavioral health workforce to ensure access to services.

**For more information call:**

Pamela Metz Kasemeyer  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

Greater Washington Society for Clinical Social Work: [www.gwscsw.org](http://www.gwscsw.org)

**Contacts:** Coalition Chair: Judy Gallant, LCSW-C; email: [jg708@columbia.edu](mailto:jg708@columbia.edu); mobile (301) 717-1004

Legislative Consultants: Pamela Metz Kasemeyer and Christine Krone, Schwartz, Metz & Wise PA, 20 West Street, Annapolis, MD 21401

Email: [pmetz@smwpa.com](mailto:pmetz@smwpa.com); mobile (410) 746-9003 ; [ckrone@smwpa.com](mailto:ckrone@smwpa.com); mobile (410) 940-9165

# **SB0108\_LOI\_MedChi\_HI - Annual BH Wellness Visits -**

Uploaded by: Danna Kauffman

Position: INFO

# MedChi

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www.medchi.org

TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Malcolm Augustine

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

DATE: February 1, 2023

RE: **LETTER OF INFORMATION** – Senate Bill 108 – *Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, submits this **letter of information** for Senate Bill 108. Senate Bill 108 requires health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for an annual “behavioral health wellness visit.” Reimbursement for the visit must be provided on the same basis and at the same rate as an annual wellness visit for somatic health.

MedChi strongly agrees that the State must prioritize the behavioral health needs of its residents. As such, physicians regularly screen patients (both pediatric and adult) to assess mental health needs as well as substance use disorders. It is not the ability to “diagnose” that is the issue but the availability of services to refer patients for further treatment. This is one of the main reasons that patients with behavioral health needs often resort to emergency departments for treatment where they may wait hours, days, and even weeks before an appropriate placement can be made.

As drafted, Senate Bill 108 is unclear on how the annual behavioral health wellness visit will be conducted and by whom and how it complements the current screening requirements. More importantly, MedChi believes that this issue needs to be part of a comprehensive discussion to address access to treatment services. MedChi appreciates the opportunity to provide these comments.